



APPLICATION FOR A FLORIDA DEATH RECORD

(For County Health Department Use Only)

Seminole County Health Department - Vital Statistics Department

400 West Airport Blvd, Sanford FL 32773 407.665.3226

NO PERSONAL CHECKS Visa or MasterCard

MONDAY-FRIDAY 8:00 TO 4:00, Must have application submitted by 3:45pm for current day service

TYPE OR PRINT

NAME OF DECEASED (Registrant)	FIRST	MIDDLE	LAST	SEX
SOCIAL SECURITY NUMBER (if known)		DATE OF DEATH - MONTH	DAY	YEAR (4 DIGIT)
				IF YEAR NOT KNOWN, SPECIFY RANGE OF YEARS TO SEARCH N/A
FLORIDA	PLACE OF DEATH - CITY		COUNTY (REQUIRED)	DEATH FILE NUMBER (if known) N/A
NAME AND ADDRESS OF FUNERAL HOME	NAME		ADDRESS (CITY)	

IMPORTANT: Read the entire application form before completing. Cause of death is confidential.

To obtain and use a Florida death record under false or fraudulent purposes is a third-degree felony, punishable by the terms and conditions set forth in Florida Statutes.

CERTIFICATES AND FEES – Certificates available for Seminole County deaths only 2004 to current

Description	Cost Each	Quantity	Total Cost
<input type="checkbox"/> Certified Copy With Cause-of-Death (restriction apply)	\$10.00		
<input type="checkbox"/> Certified Copy Without Cause-of-Death (public record)	\$10.00		
<input type="checkbox"/> Priority Processing (2 to 3 business days to process – returned by overnight delivery must give physical address no post office address. Also, need a phone number.	\$5.00		
Note: Priority Processing is for mail, and is per order			TOTAL DUE: \$

PLEASE READ ALL INFORMATION ON BACK BEFORE SUBMITTING APPLICATION

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST	SUFFIX
Funeral Director/Attorney as Applicant for Cause of Death Information	LICENSE NUMBER	FUNERAL HOME OF RECORD <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF PERSON REPRESENTED
	STATE RELATIONSHIP TO DECEDENT	SIGNATURE OF APPLICANT		
HOME PHONE NUMBER ()	RESIDENCE STREET ADDRESS (AND APT.)			
WORK PHONE NUMBER ()	CITY	STATE	ZIP CODE	

When cause of death information is requested, the applicant must state relationship to decedent and provide photo identification such as driver's license, state identification card, passport, or military identification.

OFFICIAL USE ONLY – To be completed by Seminole County Health Department staff

Date:	Receipt	Document #:		
Driver's License	Other:			
<i>Use this only when mailing CREDIT CARD ORDERS ONLY – by credit card holder</i>				
Type: Visa MasterCard	Card Number:	Expiration:		
Full Name on Card:	First	Middle	Last	
Cardholder's Address:	Street	City	State	Zip
Cardholder's Signature:				

INFORMATION AND INSTRUCTIONS FOR DEATH RECORD APPLICATION

AVAILABILITY: Death registration was not required by state law until 1917, however there are some records on file at the State Office of Vital Statistics dating back to 1877.

ELIGIBILITY:

WITHOUT CAUSE OF DEATH: Any person of legal age (18) may be issued a certified copy of a death record without the cause of death.

WITH CAUSE OF DEATH INFORMATION: Death records with the cause of death information may only be issued to the following individuals: the decedent's spouse or parent; to the decedent's child, grandchild or sibling, if of legal age; to any person who provides a will, insurance policy or other document that demonstrates his or her interest in the estate of the decedent, or to any person who provides documentation that he or she is acting on behalf of any of the above named persons. All requests for certification of a death certificate that includes the cause of death information must include signature of the applicant, state his or her qualifying eligibility, or a notarized Affidavit to Release Cause Of Death Information (DH Form 1959), which is available upon request. If after reading the above information you are still uncertain regarding your eligibility for cause of death information, call our office (904) 359-6900 extension 9000 for assistance.

The funeral director associated with the funeral home listed on the death record, or attorney representing an eligible person listed above must include their signature, professional license number, and the name and relationship of the person they are representing. If you are a funeral director **not** associated with the funeral home listed on the death record, or an attorney not representing someone listed above as eligible to receive cause of death information, then a completed Affidavit to Release Cause of Death Information (DH Form 1959) must accompany this request.

Cause of death information on death records over 50 years old is available to anyone completing an application and submitting the required fee.

NOTE: Florida clerks of court will not accept a death record with cause of death information when filing probate.

INFORMATION NEEDED: A search cannot be made without the decedent's name and year of death. If any of the other items requested on the front of this form are unavailable, other identifying information (such as parents' names, birthplace, etc) may be helpful if multiple records are found for common names.

APPLICANT'S SIGNATURE: Applicant's signature is required, as well as his/her name, valid residence address and telephone number.

**ACCEPTABLE FORMS OF IDENTIFICATION: Valid (not expired)
Driver's License, State Identification Card, Passport, and/or Military Identification.**

<p>PAYMENT: Cash, Visa or Master cards only,, Money Orders, Cashier's Checks or Official Business Checks (business name, address, and phone number must be imprinted on the check). Make payable to: Seminole County Health Department</p>

<p>NO PERSONAL CHECKS</p>

<p>MAIL ORDERS: must have copy of Valid Photo ID if requesting cause of Death</p>
--